

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE		
Service of the Summons and complaint was made by me ⁽¹⁾	DATE <div style="text-align: right; font-size: 1.2em;">April 17, 2006</div>	
NAME OF SERVER (PRINT) Vivian A. Houghton, Esquire	TITLE <div style="text-align: right;">Attorney for Plaintiff</div>	
<i>Check one box below to indicate appropriate method of service</i>		
<input type="checkbox"/> Served personally upon the defendant. Place where served: _____ _____		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left: _____		
<input type="checkbox"/> Returned unexecuted: _____ _____		
<input checked="" type="checkbox"/> Other (specify): <u>United States Postal Service via First Class Certified Return Receipt</u> _____ _____		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL <div style="text-align: right; font-size: 1.2em;">\$4.64</div>
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"> <div style="width: 30%;"> <p>Executed on <u>6-19-06</u></p> <p style="text-align: center; font-size: 0.8em;">Date</p> </div> <div style="width: 60%; text-align: center;"> <p style="text-align: center; font-size: 0.8em;">Signature of Server</p> </div> </div> <div style="text-align: center; margin-top: 20px;"> <p><u>800 West Street Wilmington, DE 19801</u></p> <p style="text-align: center; font-size: 0.8em;">Address of Server</p> <p style="font-size: 1.2em; margin-top: 5px;">302-658-0518</p> </div>		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>A. Signature X</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 55%;"> <p>B. Received by (Printed Name) <u>Frank Joyce/Process</u></p> </div> <div style="width: 40%;"> <p>C. Date of Delivery</p> </div> </div> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-top: 5px;">Colm. F Connolly, Esq. U.S. Attorney's Office 1007 Orange Street Suite 700 P.O. Box 2046 Wilmington, DE 19899</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input checked="" type="checkbox"/> Certified Mail</p> <p><input type="checkbox"/> Registered</p> <p><input type="checkbox"/> Insured Mail</p> </div> <div style="width: 50%;"> <p><input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> C.O.D.</p> </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p style="font-size: 1.2em; margin-top: 5px;">2002 2030 0000 0683 8029</p>	<div style="text-align: center;"> </div>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	